

Fill in this Information to identify the case:

Debtor 1 Admervys Rodriguez
 First Name Admervys Middle Name Last Name Rodriguez

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number: 22-42005

CLERK
 U.S. BANKRUPTCY COURT
 EASTERN DISTRICT OF
 NEW YORK

2025 APR 30 A 11:51

RECEIVED

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	<u>41,460.00</u>
Claimant's Name:	<u>Admervys Rodriguez</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>142-06 116th Ave</u> <u>JAMAICA, NY 11436</u> <u>Phone # 347-981-9041</u> <u>Admervys64@gmail.com</u>

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.

Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.

Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).

Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation (Check statement that applies)

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney (Check statement that applies)

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, NY 11201

RECEIPE # 2242005

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 4/29/2025



Signature of Applicant

MS. Admirey Rodriguez

Printed Name of Applicant

MS. Admirey Rodriguez

Address: 142-06 116th Avenue
Jamaica, N.Y. 11436

Telephone: (347) 981-9041

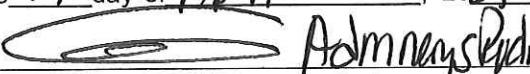
Email: Admirey104@gmail.com

6. Notarization

STATE OF New York

COUNTY OF Suffolk

This Application for Unclaimed Funds, dated April 29th 2025 was subscribed and sworn to before me this 29th day of April, 2025 by



who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.


CARLA J. BRODSKY
Notary Public - State of New York
NO. 01BR6332853
Qualified in Suffolk County
My Commission expires: Nov 9, 2027

11/09/2027

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20 _____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____
My commission expires: _____